Name:	Medicaid No:			Periodic Supports Checklist				
Outcome(s) addre	essed					-		
Date	Reason for use	Periodic Suppor	Periodic Support Activities (See the PC ISP Part V: Plan for Supports for support instructions.)			Time		
	Reason for use					то	Total hours	Initials
DSP/Supporters Printed Name		Initials	Date					
				_	A signature page must be kept on site or in each record to			
				correspond with all initials provided.				
Cupport Log /log od		v of all positioning		Laineumeten	and valated area	ut \		
Support Log (in ac	ldition to a monthly summar	y of all periodic supports	s, note any unusua	i circumstances a	and related supp	oort.)		
This	ISP Belongs to:		#		En	d:		
		ib waivers Peri	iodic Supports Che	CKIIST 9-0-12				